



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/09/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJR000041848

INSTALLATION NAME

LAUREATE PHARMA LP

INSTALLATION ADDRESS

**710 UNION BLVD
TOTOWA, NJ 07512**

MAILING ADDRESS

**201 COLLEGE RD E
PRINCETON, NJ 08540**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: LAUREATE PHARMA LP
or Current Occupant
ATTN: CHRISTOPHER R ULRIKSEN -
710 UNION BLVD
TOTOWA, NJ 07512**

09/03/02
CBS
voice m...

7ED X

1100#

910

MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM			2012 SEP -4 PM 5:06 RCRA PROGRAMS BRANCH
1. Reason for Submittal (See instructions on page 23) MARK CORRECT BOX(ES)	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.			
2. Site EPA ID Number (See instructions on page 24)	EPA ID Number: <u> </u> NJR000041848			
3. Site Name (See instructions on page 24)	Name: Laureate Pharma L.P.			
4. Site Location Information (See instructions on page 24)	Street Address: 710 Union Blvd			
	City, Town, or Village: Totowa		State: New Jersey	
	County Name: Passaic		Zip Code: 07512	
5. Site Land Type (See instructions on page 24)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)	A. 325412		B.	
	C.		D.	
7. Site Mailing Address (See instructions on page 25)	Street or P. O. Box: Same			
	City, Town, or Village:			
	State:			
	Country:		Zip Code:	
8. Site Contact Person (See instructions on page 25)	First Name: Christopher		MI: R	
	Last Name: Ulriksen			
9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)	A. Name of Site's Legal Owner: Norwell Land Company		Date Became Owner (mm/dd/yyyy): X 01/01/1986	
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	B. Name of Site's Operator: Laureate Pharma L.P.		Date Became Operator (mm/dd/yyyy): 01/02/2002	
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

Address Verified

EPA ID No.

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 31)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	F003					

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
2002 SEP - 14 PM 5:06
RCRA PROGRAMS
BRANCH

EPA ID No.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

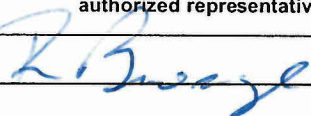
12. Comments (See instructions on page 31)

Site contact mailing address: Laureate Pharma.L.P.

201 College Road East

Princeton, NJ 08540

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 31)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert J. Broeze, President	8/30/02

ENVIRONMENTAL PROTECTION
AGENCY REGION II
2002 SEP -4 PM 5:07
RCRA PROGRAMS
BRANCH

FILE

FED-EX
TRACKING # 8464 7680 5091

LaureatePharma

2004 DEC -8 AM 9:46

NJR000 041 848

December 6, 2004

U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, New York 10007-1866
Attn: Jack Hoyt

Re: Laureate Pharma L.P. Change in Ownership

Dear Mr. Hoyt,

Confirming our telephone conversation today, the previously announced change in ownership for the entity under EPA ID Numbers NJR000028241 and NJR 000041848 took place on December 3, 2004.

If you have any questions, please contact me at (609) 919-3317 or via e-mail at Christopher.Ulriksen@laureatepharma.com. Thank you for your assistance in this matter.

Sincerely,



Christopher Ulriksen, CSP
Environmental Health and Safety Manager
Laureate Pharma, Inc.

SEND COMPLETED**FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM

2004 NOV 15 PM 12:54

**1. Reason for
Submittal**
(See Instructions
on page 13.)MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 14)**

EPA ID Number

NJ.R0000041848

**3. Site Name
(page 14)**

Name:

LAUREATE PHARMA, INC.

**4. Site Location
Information
(page 14)**

Street Address: 710 UNION BLVD.

City, Town, or Village: TOTOWA

State: NJ

County Name: PASSAIC

Zip Code: 07512

**5. Site Land Type
(page 14)**Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the Site
(page 14)**

A.

541710

B.

C.

D.

**7. Site Mailing
Address
(page 15)**

Street or P. O. Box: 710 UNION BLVD.

City, Town, or Village: TOTOWA

State: NJ

Country: USA

Zip Code: 07512

**8. Site Contact
Person
(page 15)**

First Name: CHRISTOPHER

MI: R.

Last Name: ULRIKSEN

Phone Number: 609-99-3347 Extension:

Email address: CHRIS.ULRIKSEN@LAUREATEPHARMA.COM

**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)**

A. Name of Site's Operator:

LAUREATE PHARMA, INC.

Date Became Operator (mm/dd/yyyy):

11/30/2004

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:

NORWELL LAND COMPANY

Date Became Owner (mm/dd/yyyy):

01/01/1986

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

9. Legal Owner (Continued) Address	Street or P. O. Box: CONNECTICUT AVENUE REALTY CO., ONE STAMFORD FORUM	
	City, Town, or Village: STAMFORD	
	State: CONNECTICUT	
	Country: USA	Zip Code: 06901

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner Exemption☐ b. Smelting, Melting, and Refining Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 20.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


D001	F003					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 20.)

[illegible]

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See Instructions on page 20.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	CHRISTOPHER J. DAVIS V.P. and Treasurer	11/11/2004

November 12, 2004

2004 NOV 15 PM 12:54

U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, New York 10007-1866
Attn: Jack Hoyt

Re: Laureate Pharma L.P. Change in Ownership

Dear Mr. Hoyt,

Enclosed please find two RCRA Subtitle C Identification Forms regarding a change in company ownership from Laureate Pharma L.P. to an entity that shall be known as Laureate Pharma, Inc., a wholly owned subsidiary of Safeguard Scientifics, Inc. of Wayne, PA.

The new name of the company, Laureate Pharma, Inc., should be identified as the Site Name in your records, as reflected in the attached Identification Forms. The change in ownership from Laureate Pharma L.P. to Laureate Pharma, Inc. is expected to take place on or about November 30, 2004.

The first form represents EPA ID# NJR 000028241, located at 201 College Road East, Princeton, NJ. The second form represents EPA ID# NJR 000041848, located at 710 Union Blvd., Totowa, NJ.

It is my understanding that there will be no lapse in coverage under the respective registrations, and that the change in ownership will be recognized by USEPA on the date of the transfer of ownership or immediately thereafter. If this is incorrect, please advise me as soon as possible. We will advise you of the actual date of the transfer of ownership by way of a phone call, and will follow up immediately with written confirmation.

If you have any questions, please contact me at (609) 919-3317 or via e-mail at Christopher.Ulriksen@laureatepharma.com. Thank you for your assistance in this matter.

Sincerely,



Christopher Ulriksen, CSP
Environmental Health and Safety Manager
Laureate Pharma L.P.



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/19/2004

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NJR000041848
INSTALLATION NAME:	LAUREATE PHARMA INC
INSTALLATION ADDRESS :	710 UNION BLVD TOTOWA, NJ 07512
MAILING ADDRESS :	710 UNION BLVD TOTOWA, NJ 07512

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056

TO: LAUREATE PHARMA INC
or Current Occupant
ATTN: CHRISTOPHER R ULRIKSEN
710 UNION BLVD
TOTOWA, NJ 07512

November 12, 2004

2004 NOV 15 PM 12:54

U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, New York 10007-1866
Attn: Jack Hoyt

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The first form represents EPA ID# NJR 000028241, located at 201 College Road East, Princeton, NJ. The second form represents EPA ID# NJR 000041848, located at 710 Union Blvd., Totowa, NJ.

It is my understanding that there will be no lapse in coverage under the respective registrations, and that the change in ownership will be recognized by USEPA on the date of the transfer of ownership or immediately thereafter. If this is incorrect, please advise me as soon as possible. We will advise you of the actual date of the transfer of ownership by way of a phone call, and will follow up immediately with written confirmation.

If you have any questions, please contact me at (609) 919-3317 or via e-mail at Christopher.Ulriksen@laureatepharma.com. Thank you for your assistance in this matter.

Sincerely,



Christopher Ulriksen, CSP
Environmental Health and Safety Manager
Laureate Pharma L.P.

(88)

(name change)

SEND COMPLETED**FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM

2004 NOV 15 PM 12:54

**1. Reason for
Submittal**
(See Instructions
on page 13.)MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 14)**

EPA ID Number

NJR000041848

**3. Site Name
(page 14)**

Name:

LAUREATE PHARMA, INC.

**4. Site Location
Information
(page 14)**

Street Address:

710 UNION BLVD.

City, Town, or Village:

TOTOWA

State:

NJ

County Name:

PASSAIC

Zip Code:

07512

**5. Site Land Type
(page 14)**Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the Site
(page 14)**

A.

541710

B.

C.

D.

**7. Site Mailing
Address
(page 15)**

Street or P. O. Box:

710 UNION BLVD

City, Town, or Village:

TOTOWA

State:

NJ

Country:

USA

Zip Code:

07512

**8. Site Contact
Person
(page 15)**

First Name:

CHRISTOPHER

MI:

R.

Last Name:

ULRIKSEN

Phone Number:

609-99-3317

Extension:

Email address:

CHRIS.ULRIKSEN@LAUREATEPHARMA.COM

**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)**

A. Name of Site's Operator:

LAUREATE PHARMA, INC.

Date Became Operator (mm/dd/yyyy):

11/30/2004

Operator Type:

☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:

NORWELL LAND COMPANY

Date Became Owner (mm/dd/yyyy):

01/01/1986

Owner Type:

☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>CONNECTICUT AVENUE REALTY CO. ONE STAMFORD FORUM</u>	
	City, Town, or Village: <u>STAMFORD</u>	
	State: <u>CONNECTICUT</u>	
	Country: <u>USA</u>	Zip Code: <u>06901</u>

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor
☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 20.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

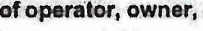
D001	F003					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 20.)

[illegible]

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See Instructions on page 20.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	CHRISTOPHER J. DAVIS V.P. and Treasurer	11/11/2004

2004 NOV 15 PM 12:54

RCRA PROGRAMS
BRANCH

November 12, 2004

U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, New York 10007-1866
Attn: Jack Hoyt

Re: Laureate Pharma L.P. Change in Ownership

Dear Mr. Hoyt,

Enclosed please find two RCRA Subtitle C Identification Forms regarding a change in company ownership from Laureate Pharma L.P. to an entity that shall be known as Laureate Pharma, Inc., a wholly owned subsidiary of Safeguard Scientifics, Inc. of Wayne, PA.

The new name of the company, Laureate Pharma, Inc., should be identified as the Site Name in your records, as reflected in the attached Identification Forms. The change in ownership from Laureate Pharma L.P. to Laureate Pharma, Inc. is expected to take place on or about November 30, 2004.

The first form represents EPA ID# NJR 000028241, located at 201 College Road East, Princeton, NJ. The second form represents EPA ID# NJR 000041848, located at 710 Union Blvd., Totowa, NJ.

It is my understanding that there will be no lapse in coverage under the respective registrations, and that the change in ownership will be recognized by USEPA on the date of the transfer of ownership or immediately thereafter. If this is incorrect, please advise me as soon as possible. We will advise you of the actual date of the transfer of ownership by way of a phone call, and will follow up immediately with written confirmation.

If you have any questions, please contact me at (609) 919-3317 or via e-mail at Christopher.Ulriksen@laureatepharma.com. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'CUlriksen', with a long horizontal flourish extending to the right.

Christopher Ulriksen, CSP
Environmental Health and Safety Manager
Laureate Pharma L.P.